

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007926

FILED  
Mar 12, 2010  
Secretary of State

**Entity Name:** THE WOODLANDS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BOULEVARD, STE 238  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BOULEVARD, STE 238  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 41-2182140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LISTON, DAVID  
OMNI MANAGEMENT SERVICES OF FLA.  
27499 RIVERVIEW CENTER BLVD., 238  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOOLERY, MICHAEL  
Address: 9240 ESTERO PARK COMMONS BLVD  
City-St-Zip: ESTERO, FL 33928

Title: VD  
Name: GOLDMAN, JORDAN  
Address: 9240 ESTERO PARK COMMONS BLVD.  
City-St-Zip: ESTERO, FL 33928

Title: STD  
Name: BROOKS, SCOTT  
Address: 9240 ESTERO PARK COMMONS BLVD.  
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORDAN GOLDMAN

VD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date